

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 22, 2006 8:00 am**  
**Secretary of State**

08-22-2006 90027 023 \*\*\*\*61.25

**DOCUMENT # F04000002932**

1. Entity Name  
**INTERCOLLEGIATE STUDIES INSTITUTE, INC.**



Principal Place of Business  
**3901 CENTERVILLE ROAD  
WILMINGTON, DE 19807**

Mailing Address  
**P.O. BOX 4431  
WILMINGTON, DE 19807-0431**

**50025828**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08142006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number  
**23-6050131**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Stacy Steffen*

**Stacy Steffen - Exec. Assistant**

**8/17/06**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☒ Delete  
NAME **WELLS, PRESTON A JR**  
STREET ADDRESS **600 SAGAMORE ROAD**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE **Vice-Chairman** ☐ Change ☒ Addition  
NAME **Alfred S. Regnery**  
STREET ADDRESS **1611 N. Kent St. #901**  
CITY-ST-ZIP **Arlington, VA 22209**

TITLE **Chairman** ☐ Delete  
NAME **BOYLE, J BAYARD JR**  
STREET ADDRESS **5900 POPLAR AVE.**  
CITY-ST-ZIP **MEMPHIS, TN 38119**

TITLE **Elaine Pinder - CFO** ☐ Change ☒ Addition  
NAME **Elaine Pinder - CFO**  
STREET ADDRESS **3901 Centerville Rd.**  
CITY-ST-ZIP **Wilm., DE 19807**

TITLE **P** ☐ Delete  
NAME **CRIBB, T. KENNETH JR**  
STREET ADDRESS **P.O. BOX 4431**  
CITY-ST-ZIP **WILMINGTON, DE 19807**

TITLE **James H. Bunley - Trustee** ☐ Change ☒ Addition  
NAME **James H. Bunley - Trustee**  
STREET ADDRESS **P.O. Box 4431**  
CITY-ST-ZIP **Wilmington, DE 19807-4431**

TITLE **ST** ☐ Delete  
NAME **MOYER, MERRILL S**  
STREET ADDRESS **BROAD & MAIN STREETS**  
CITY-ST-ZIP **SOUDERTON, PA 18964**

TITLE **William F. Campbell - Trustee** ☐ Change ☒ Addition  
NAME **William F. Campbell - Trustee**  
STREET ADDRESS **P.O. Box 4431**  
CITY-ST-ZIP **Wilmington, DE 19807-4431**

TITLE **Trustee** ☒ Delete  
NAME **ALLEN, RICHARD V**  
STREET ADDRESS **905 SIXTEENTH STREET, NW**  
CITY-ST-ZIP **WASHINGTON, DC 20006**

TITLE **George W. Carey - Trustee** ☐ Change ☒ Addition  
NAME **George W. Carey - Trustee**  
STREET ADDRESS **P.O. Box 4431**  
CITY-ST-ZIP **Wilm., DE 19807-4431**

TITLE **Trustee** ☐ Delete  
NAME **BOXX, T. WILLIAM**  
STREET ADDRESS **P.O. BOX 186**  
CITY-ST-ZIP **LATROBE, PA**

TITLE **Holland H. Coors - Trustee** ☐ Change ☒ Addition  
NAME **Holland H. Coors - Trustee**  
STREET ADDRESS **P.O. Box 4431**  
CITY-ST-ZIP **Wilm., DE 19807-4431**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*T. Kenneth Cribb, Jr.*

**President**

**8/17/06**

**(302) 652-4600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

T. Kenneth Cribb, Jr.